

Sarah H. Kramer, Ph.D., LLC  
 Child & Adolescent History  
 (Birth-17 years)

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

School/Daycare \_\_\_\_\_ Grade \_\_\_\_\_ M F O

Address \_\_\_\_\_

*(Please include full address: street name & number, city, state, & zip)*

Phone 1 \_\_\_\_\_ (belongs to \_\_\_\_\_) Phone 2 \_\_\_\_\_ (belongs to \_\_\_\_\_)

Usual doctor (medical—*not Kramer*): \_\_\_\_\_

Main Reason for being here today: \_\_\_\_\_

**FAMILY MEMBERS** *(Complete all that are known and apply to this child, including informal roles)*

*Child lives primarily with (circle all that apply):* Biological mother Biological father Stepmother Stepfather  
 Full sibling(s) Half or step-sibling(s) Grandparent(s) Other: \_\_\_\_\_  
 Biological Parents: Married Divorced Never married Separated Deceased (\_\_\_\_\_)

**Mother's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Education:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Education:** \_\_\_\_\_

**Stepmother's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Education:** \_\_\_\_\_

**Stepfather's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **Education:** \_\_\_\_\_

**Custodial Parent(s): Name(s)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone(s):** \_\_\_\_\_

**Siblings:**

Full Name	Age	Live with client?	Full, half, or step?

**EDUCATION**

Previous schools/daycares attended, & in what grade \_\_\_\_\_

Has child been suspended or expelled? If so, when & why? \_\_\_\_\_

Has child ever received special services? (*List grade for all that apply*) Special Education \_\_\_\_\_ Pre-AP or AP \_\_\_\_\_ Hearing impaired \_\_\_\_\_ Speech \_\_\_\_\_ Gifted \_\_\_\_\_ CM \_\_\_\_\_ OT/PT \_\_\_\_\_

Typical grades received: \_\_\_\_\_ Ever repeated a grade? Y N If so, which? \_\_\_\_\_

Subjects child likes: \_\_\_\_\_ Subjects disliked: \_\_\_\_\_

Homework: (Circle) Little to none Does easily Puts off till last minute Says has none, when does  
Needs lots of help Does it but does not turn in Loses papers Messy Has to redo often

School Performance, parent's opinion: Satisfactory Needs improvement Unsatisfactory

**PEER, FAMILY RELATIONSHIPS**

Overall, *circle* how child gets along with peers: Great Good Average Below avg. Poor

Overall, *circle* how child gets along with brothers/sisters: Great Good Average Below avg. Poor

Overall, *circle* how child gets along with adults (parents, teachers): Great Good Avg. Below avg. Poor

My child is (*circle*): Outgoing Shy Slow to warm up Overly friendly to strangers Leader

Child has/had 1-2 "best friends": Yes No Current peer problems? Yes No

Describe peer or family concerns you have now: \_\_\_\_\_

**ACTIVITIES**

Does child have **chores** at home? Yes No How do/have they perform(ed)? Good, few

problems Need reminders Have to nag constantly Gave up on this due to hassles

Does adolescent have job outside home? N/A Yes, currently Yes, previously No Applying

Groups (Scouts, sports, band, etc)—list: \_\_\_\_\_

Church/religious activity? \_\_\_\_\_ Hobbies? \_\_\_\_\_

Hours daily of: TV \_\_\_\_\_ Computer \_\_\_\_\_ Video games, Wii \_\_\_\_\_ Outside play \_\_\_\_\_ Phone/Texting \_\_\_\_\_

Any concern about above? If so, describe: \_\_\_\_\_

**HEALTH AND PRIOR TREATMENT**

Do biological relatives have (*circle*): ADD/ADHD Seizures/staring spells Learning disorders (dyslexia, math etc.) Slow learner School dropout Depression Anxiety/panic Addictions Arrest/prison history Bipolar disorder Psychosis Suicide/attempts Eating Disorders Frequent moves Revolving partners

Who? \_\_\_\_\_

Does this child have any medical problems? If so, please specify: \_\_\_\_\_

Has child been seen in counseling before? \_\_\_\_\_ School counselor \_\_\_\_\_ Therapist/counselor \_\_\_\_\_ Psychiatrist

\_\_\_\_\_ Religious counselor \_\_\_\_\_ Other Who & when? \_\_\_\_\_

Has child ever been hospitalized for emotional or behavioral problems? Y N If so, when and where? \_\_\_\_\_

**DEVELOPMENTAL:** While pregnant with child, did mother: smoke drink alcohol use drugs?

Was child born: on time premature (by \_\_\_\_\_ weeks) late (by \_\_\_\_\_ weeks) w/cord @ neck?

Any labor/delivery problems? If so, state: \_\_\_\_\_ Jaundiced? Y N

Child stayed in hospital extra time after delivery? Y N Ever had strep throat? Y N

Child ever been hit, or fallen on, head? Describe, including when: \_\_\_\_\_

Ever been unconscious? Y N When and for how long? \_\_\_\_\_

Visits to ER: Never 1 2 3 or more Is child accident-prone/clumsy? Y N

Age child: Sat up \_\_\_\_\_ Walked alone \_\_\_\_\_ Talked \_\_\_\_\_ Tied shoes \_\_\_\_\_ Rode tricycle \_\_\_\_\_ Bicycle \_\_\_\_\_

**MEDICATIONS, PAST AND PRESENT**

Please list any medication child has taken in past (*psychiatric*) or is taking now (*medical & psychiatric*)

Name of medication	Dosage	How often?	Doctor	Side Effects/Comments

**DANGEROUS BEHAVIOR/TRAUMA**

Has this child in the PAST or CURRENTLY experienced: (*circle all that apply and fill in if requested*)

Physical abuse    Emotional/verbal abuse    Rape/sexual trauma    Neglect

Abused others? *If so:* sexual    physical (chronic hitting, biting etc.)    verbal (yelling, name-calling, cursing)    hurt pets or animals    chronically mean to sibling(s) or parent(s)

Stolen?    at home    at school    in stores    Tried to commit suicide?    Y    N    Maybe

Cut or burned self?    Y    N    Pulled out hair anywhere on body?    Y    N    Where? \_\_\_\_\_

Set fires?    Y    N    Run away?    Y    N (times    )    Been bullied?    Y    N

Had long separation from a caregiver? (When/who) \_\_\_\_\_

Had lengthy, intense tantrums? (Describe) \_\_\_\_\_

Made threats when upset, even if not carried out? (Describe) \_\_\_\_\_

Do you suspect or know of any drug or alcohol use/abuse? (Describe) \_\_\_\_\_

Is this child currently, or in near future, involved in any litigation, custody disputes etc.?    Y    N

If so, describe: \_\_\_\_\_

Is there anything else that would be helpful for the psychologist to know? \_\_\_\_\_

**THANK YOU FOR YOUR TIME AND EFFORT!**

This form was completed by: \_\_\_\_\_ Date: \_\_\_\_\_